

THE HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. V.

NEW YORK, MAY, 1877.

No. 2.

Original Articles.

HOW TO TEMPER THE TEMPERA- MENTS DIETETICALLY.

BY J. W. REDFIELD, M. D.

PART III.

OF course, every kind of wholesome food, whether vegetable or animal, and to whatever temperament particularly related, nourishes the whole man; otherwise it would not be wholesome. Wholesome food is that which tends to make a man whole, and to keep him so. It is *temperate* food; that is, food in which the opposite elements are tempered together, producing a mediate, mild, neutral taste and condition, adapted to the promotion of temperance, or holiness and wholeness of mind and body, in the consumer. Intemperate substances (we cannot say food) are those in which one or two elements are greatly in excess of the others, producing strong, extreme, positive tastes and conditions; and the structures and functions of such substances beget their likes in the bodies and minds by which they are appropriated and conserved. In their relation to a constitution in which the temperaments are tempered to temperance, or to a state of perfect equilibrium, temperate substances are food, and intemperate substances are poisons. "What is one man's meat is another man's poison," if the one man have become a fragment of a man, in consequence of intemperance, so that the poisons to which he has addicted and adapted himself appear to him to be food, and if the other be a whole man by inheritance, or have been made whole by a temperance reform, so that poisons appear to him to be what they are. The microcosm, to deserve the name, must be formed of balancing proportions of

opposite parts of the entire macrocosm, structural and functional, organic and animal, visible and invisible, in the highest degree correlated and made correspondent to its own.

We have seen that each of the four classes of vegetables, and also of the four classes of animals, is converted into the structures and functions of the temperament to which its own are correlated and correspondent. This is more especially the case with men and animals that are remarkable for their *statu quo*, rather than for progress and improvement; and it characterizes the period of maturity more than that of growth and development. We are now to show that each of the four classes of either vegetable or animal food is also converted into the temperament next in the order of development, in consequence of the action of each temperament upon that which is developed out of it, and which is therefore immediately external to it, as explained in our article on "The Temperaments."

This evolution of the succeeding temperament from the preceding, by the conversion of the food of the preceding temperament into the succeeding temperament itself, is characteristic of civilized and domesticated men and animals, rather than of the savage and untamable. The primary food of the Nervous temperament is secondarily that of the Sanguine, which is immediately external to the Nervous. The primary food of the Sanguine temperament is secondarily that of the Alimentary, which is immediately external to the Sanguine. The primary food of the Alimentary temperament is secondarily that of the Lymphatic, which is immediately external to the Alimentary. And the primary food of the Lymphatic temperament is secondarily that of the Nervous, which is immediately external to the inmost of the Lymphatic. For example:

The oily nuts first contribute to the similar cerebral development, and through this are determined to the structure and functions of the lungs. Also, the alliaceous plants, which are concentric cylindrical leaves, and to cabbages and other leaves what nuts are to other cotyledons, first contribute to the structural and functional development of the lungs, and through these are determined to the structures and functions of the abdominal organs. Also, tubers, which partake of the nature of both stalks and roots, and which are full of germinal eyes, first contribute to the reconstruction and functionalization of the abdominal organs, and through these are determined to the structures and functions of the organs of the reproduction of the individual and of the species. In like manner, pomes, which are to the other fruits what the *pome de terre* is to roots and stalks, first contribute to the facial and reproductive development, and through this are determined to the structures and functions of the brain and nerves. Hence it is that the quadrumanic mammals, which are so clearly the culmination of the reptilian or nervous class of animals that we need only to call attention to the fact, live so largely on fruits. Hence, too, the sanguine class, the birds, live so largely on seeds, or cotyledons. Hence, too, the alimentary class, the quadrupeds, live so largely on leaves, chiefly grasses. Hence, too, man, the head of the bimanic or lymphatic class of animals, lives so largely on tubers, and on the saccharine products of roots and stalks.

This idea of man being the culmination (not to say the descendant) of the seals, rather than of the anthropoid apes, cannot be accepted without a passing argument in its favor. That the order *Bimana* includes the *manatus*, and therewith all the seals and cetaceans, would be evident at a glance, were it not for the fact that the authorities in natural history restrict it to man. Were the seal reared upon his legs and feet, which are nearly on a line with his spinal column, he would be far more anthropoid than any ape. His position would be that of the auk and the penguin, whose feet are stern propellers, like his. His hands and feet would scarcely require modification, or more than simple development and improvement, to become human. Like man, the seals and their kindred are cosmopolitan, and are both herbivorous and carnivorous, while the apes and monkeys are confined to the tropics,

and are strict vegetarians, of the frugivorous sort. Moreover, man the animal is a sort of half amphibian, unclothed by nature that he may better enjoy the benefits of his original element. In the position of the mammary glands in some of the aquatic mammals, and in the structure of the internal organs of them all, the analogies are no less striking. All things considered, if the "descent of man" is to be traced from any lower animals, we fancy that it may best be from the cartilaginous, slimy, naked fishes, and that the connecting link to be discovered, if any such creature ever existed, is something like the fabled mermaid.

What we have said of vegetable food,—that each class primarily nourishes the temperament corresponding to it, and secondarily the temperament next in the order of development,—is true also of animal food. For example: Reptiles, together with worms and insects, which are an approach to reptiles, are to a great extent the food of birds; that is to say, the nervous temperament in the inferior class of animals is the food of the sanguine temperament in the superior class. Birds, especially the more aerial of them, are to a great extent the prey of the terrestrial temperament in carnivorous beasts, especially the felinæ. Of beasts, the herbivora, the best representatives of the alimentary temperament, are to a greater extent than other animals the prey of man, the chief of the bimana, i.e., of the aquatic mammalia, and the best representative of the lymphatic or facial temperament. Finally, man and other bimana, and fish of all kinds, appear to be favorite food of the crocodile and certain other carnivorous quadrumana, and of that arch enemy of man, the serpent kind, of which the "fiery flying serpent" best symbolizes the nervous or fiery temperament of the class to which they belong. That fish, with their abundant phosphorous, are appropriate food for the structures and functions of the brain and nerves, is now well known; but only in the progressive races are they to any considerable extent so appropriated. While the fish-diet of the progressive Japanese and Highland Scotch has given them their large brains and fine intellects, that of the stationary Esquimaux and Flatheads has only given them their large faces and lymphatics, with the accompanying sluggishness and sensuality.

All this is equivalent to saying, that though

the nervous temperament in an inferior class of animals primarily nourishes the same temperament in a higher class, yet secondarily it nourishes the sanguine; that though the sanguine primarily nourishes the sanguine, yet secondarily it nourishes the alimentary; that though this primarily nourishes the alimentary, yet secondarily it nourishes the lymphatic; and that though this primarily nourishes the lymphatic, yet secondarily it nourishes the nervous: for it is the destiny of every class of animals to progress and ascend, and only to retrograde and descend in subserviency to the progression and ascension of the scale of being in which it is included.

Whatever animal is capable of being more highly developed and progressed, chiefly lives upon, or at least prefers, food the temperament of which immediately precedes its own, which it thus advances to its more progressed form of organization. This is the case with our domestic animals. For example: The cow subsists more on grasses and other leaves than on roots and stalks; the hen lives more on grains than on leaves; the cat prefers birds to mice; and the bird-dogs, seeming to derive something from the vital functions, if not from the structures, of the birds they hunt and recover, are more docile and intelligent than the dogs used in the chase. That whatever animal lives upon food the temperament of which is the *same* as its own, shows little capability of higher development and progress, may also be briefly illustrated. It is the case with the great majority of fish, each species of which lives upon other species of its class. It is the case, too, with cannibals, of which the largest number of tribes belong to the Negro race, the most fish-like and least progressed of the races. It is the case, too, with those carnivorous beasts that choose to live on herbivorous beasts, rather than on birds, as we see by comparison of the untamable panther with the domestic cat. It is so also with those rapacious birds which choose to live on granivorous and insectivorous birds, as we see by comparison of the bird-devouring eagles, hawks and butcher-birds, with the birds they live upon. It is so also with the majority of the carnivorous reptiles, perhaps with all of them which are like fish, in living upon others of their class and devouring their own young.

It appears to be equally true, that whatever animal lives upon food the temperament of which

is immediately in advance of its own, which it thus takes backward; and that whatever animal lives on that which is taken backward by the fermentive decomposition, is a retrograde animal,—a malignant, malicious, uncompromising enemy to his rightful lord and master, more savagely opposed to domestication and improvement than the animal that lives on food of its own temperament. We see it in the man-devouring beast, such as the tiger; the beast-devouring bird, such as the harpy eagle; the bird-devouring reptile, such as the charming snake; and all animals that are natural scavengers, such as the hyena and the vulture.

Now since the tempering of one's temperaments to the perfect individuality implies progress and improvement, instead of retrogression and deterioration, how can this be effected by the appropriation of all kinds of food, in equal proportions to each other, both those in advance and those in the rear of his original temperament? With his originally predominant facial, surfacial, external, sensual, reproductive temperament, how is the chief of the bimana to eat the food of the nervous temperament,—frogs, turtles, iguanas, and the like,—and not take it and the corresponding temperament backward to the gross and sensual temperament more natural to him, instead of carrying them forward to the more spiritual and inspirational temperament, the sanguine? It is by making the inspirational the conscious and voluntary object, instead of indulging the sensual. People who make great use of the food correspondent to the nervous temperament are active and mercurial, either backward and downward or forward and upward, *i. e.*, either to or from the original temperament of the human species; and so moving, they become either uncommonly materialistic, sensual, superficial, artificial, hollow-hearted and infidel, or uncommonly spiritual, pure, profound, artistic, true-hearted and religious; as we see in France. And so in regard to whatever food is made use of;—its object should be progress and perfection, and therein the temperament in advance of that to which it corresponds. We must, "not live to eat, but eat to live," in the highest sense of living, if we would make *all kinds* of food promotive of progress and elevation in mind and character. For the development and improvement of the lower animals there can be no voluntary objects in advance, except those pertain-

ing to the rivalries and ambitions of natural and sexual selection, and those which come from the subjection of their wills to their lord and master; and it is a fact that the degree of such subjection is that of such rivalry and ambition, and that both are the measure of the improvement already effected in the lower animals. But for the development and improvement of man, in the way we have described, all creatures conspire, making him the culmination of no one class of animals, but of the entire animal kingdom;—of the aquatic class, in his cephalic or lymphatic temperament; of the pyrotic class, in his encephalic or nervous temperament; of the aerial class, in his thoracic or sanguine temperament; and of the terrestrial class, in his abdominal or alimentary temperament. The face of the seal, the brain of the monkey, the voice of the parrot, and the stomach of the bear, are perfected in man, in the degree that the instinctive and voluntary objects of the gratification of his appetites and passions are progress and perfection.

The most important consideration connected with this subject is, that the progressive round of the temperaments is that of life and health, and that the retrogressive round is that of disease and death. The one may be likened to the annual revolution of the earth, from west to east, in a slightly elliptical orbit, at a moderate angle to the plane of the solar equator, producing the four seasons, with their life and beauty; and the other may be likened to the orbit of a comet, from east to west, extremely eccentric, at nearly a right angle to the plane of the solar equator, producing, or at least indicating, a fragmentary and destructive condition of things, the reverse of wholesome and constructive. If it be so with the temperaments physically, it is so spiritually also; for matter and force, structure and function, mortal body and soul, spiritual body and immortal spirit, and, including all, the universe and the Holy Spirit of the universe, are one and inseparable. This consideration involves that of the relation of the four temperaments and their corresponding classes of vegetable and animal food to the four seasons of the year, the four periods of the day, the four quarters of the moon, and the four ages of human life, as to so many meal times, severally most timely for the appropriation of the corresponding articles of diet to the corresponding temperaments, with a view to progress and improvement and the tempering of the temperaments to the perfect temper. But of this anon.

STAMMERING AND STUTTERING.

BY GEORGE VANDENHOFF.

(Continued from page 8.)

LET me give an example from my own practice, exactly as it occurred.

My door bell rings, and presently the servant comes to tell me that there is a gentleman at the door, who, she thinks, wishes to see me. I go out, and at the door I see a fine, handsome young fellow, about twenty-three years of age, blushing scarlet, and evidently in great confusion; quite silent, and yet with an eager and anxious look. He opens his mouth and gasps, but no sound issues from it. I at once guess the cause, and ask him to walk in. He enters my room, pauses, opens his mouth, gasps again, and his confusion increases.

"You wish to consult me," I say, easily, and scarcely glancing at him.

He tries to say "yes," but only gasps, and nods his head. I see that his agitation, and consequently his difficulty, increases.

"I am glad to see you," I say; taking his hand, and at the same time without his perceiving it, feeling his pulse, which I find all in a flutter.

"Take a seat, excuse me for a few moments, and amuse yourself with the pictures; I'll be with you presently."

I go out, and give him five minutes' time to recover himself. When I return he is evidently calmer: his first agitation has passed away. I find him standing looking at a landscape.

"Are you fond of pictures?"

He opens his mouth, moves his jaw, and nods his head.

"Yes, very, you say," I suggest.

"Yes, very," he then actually does say.

"Of course; I knew you were. And you see you can tell me so, too, as plainly as I can, when you know exactly what you're going to say, and have had the words found for you before you say them."

He smiles sadly.

"Let me see your mouth; sit down and open it, please." (He does so.) "Well, it is an excellent mouth. Put out your tongue," (he does so.) "An excellent tongue; neither too large nor too small. You've lost a tooth or two; but you've plenty left, and all the front ones regular and in place. Move your jaws well; they work

easily enough, no need of oiling the hinges, eh? (he laughs.) Move your lips, opening and closing them with a noise, (he does so, making the sound of the letter p.) Well, that's all right, and yet I dare say you *fancy* you can't say 'puff' because it begins with a p. Why it is preposterous. There's no more reason, physically, why you should hesitate on a word beginning with p or any other letter than that I should; it is all fancy."

He smiles a melancholy smile, and shakes his head sadly.

"How long have you had this *fancy*? Now don't be in a hurry to speak, but recollect first, and then answer."

A pause of a few seconds: after a gasp or two, he at length blurts out with an explosion of sound:

"Nine years."

"Nine years, eh? Now do you know the reason why you *don't* say the word *nine* clearly at once, without boggle or hesitation? Not why you *can't* say it, mind, but why you *don't*?" (He shakes his head.) "Well, I'll tell you, and prove to you that you can say *nine*, or any other word beginning with n, as well and as easily as I or any other man living, *if you set about it rightly*. Now, then: shut your teeth close together, opening your lips at the same time." (He does so.) "Now put your tongue against the roof of your mouth, just above your upper teeth, and *keeping teeth closed and lips open, and tongue in that position*. Utter any other sound but that of n if you can."

He does so, and tries to utter a sound, and produces, of necessity, a repetition of the sub-tonic n, n, n.

"Very well! Now you see that it is not that you cannot utter n, but that *if you take the right means* for the utterance of the sound of the letter you cannot say anything else."

He opens his mouth and tries to say "No."

"Ha!" I say, "you cannot say 'no' with a mouth wide open; you *can't begin to say it*, because the sound of n in *no* requires closed teeth, or nearly so. Go back to your former closed teeth and open *lips* and say *no*, at once, and without hesitation."

A pause, and he does so, and laughs with satisfaction.

"Ha! there! You see you say *no* as easily as I do, and you fancied it was a dreadful

stumbling-block. My dear fellow, you have no defect at all; you only *fancy* you have. You try to attain the utterance of a certain sound by an utterly false and contrary process to the one required to produce it. You might as well attempt to smoke with your mouth wide open; you have first to close your lips to draw the cigar."

Thus, I take him in turn through every elementary sound in the language—*tonic, sub-tonic, atonic*, as Dr. Rush has classed them—showing him the organic process necessary for the utterance of each, and forcing him to observe it in practice, and thus proving to him, by his own success that, *under the required conditions, he could utter no other sound than the sound required*.

"Now you see you don't stammer unless you *make yourself stammer*. You have no impediment of speech, but you have a *remissness of mind*. You have two things to attend to in speaking: first, to make up your mind exactly what you are going to say, and then to utter the mechanical or organic means necessary to its utterance, you see? Now you are going to answer 'yes.' Well, now, the *y* is an aspirate over the palate or roof of the mouth. Arch your tongue, letting the tip rest lightly on the inner edge of your lower teeth; make an aspiration, that is, force your breath along the roof of your mouth and say 'Yes.' Now, go!"

"Yes!" he exclaimed, loudly and distinctly.

"Bravo! Now I know that word was one of your pet difficulties, and you see the difficulty was entirely of your own making; don't you?"

A slight pause, during which he formed his mouth as before, and then answered easily enough, "Yes."

I then put him through a lesson especially adapted to stammerers and stutterers, and convinced him that there was no sound, or combination of sounds, that he could not master, if he used the proper means; in short, *that he had no impediment, but the habit of making one*.

In three months, with three lessons a week, I had the satisfaction of dismissing him not only cured of his difficulty of articulation, but a remarkably pleasing and effective reader and speaker.

This was the natural and almost certain result of the exercises he had gone through with me, which had improved his voice and his ear, and,

by practice on rhythm and pitch of voice, with a just economy of respiration in speech, had given him a perfect command of his vocal organs. I have given the above sketch of one case rather to show how the sufferer is to be inspired with confidence in the certainty of his cure, than the invariable mode to be adopted; which, indeed, must be adapted in each particular case to the idiosyncratic peculiarities of the patient or pupil.

The truth is, that a *really good system of elocution alone* would always tend, and in cases where the defective habit was not confirmed and deeply rooted, would be sufficient to correct most vices and impediments of speech without making them specially the subject of instruction and exercise. By a good system of elocution, I mean not one that teaches mere declamation, or what is popularly called *spouting*: that is calculated to increase rather than to relieve a vicious utterance, for it is in itself vicious: but I mean a system of elocution that enforces in practice

1. A clear articulation.
2. Rhythmical accentuation (*thesis and arsis*).
3. Correct emphasis, and
4. A just economy of the lung power by regulated inspiration and respiration, so as to command a good chest-voice (*voce di petto*), and the power of energetic expression. Inasmuch as these points go to make up full vocal power and capability, they are in all cases great and necessary helps, if not sufficient in themselves, to the removal of impediments in speech.

To those sufferers whose over-nervousness of temperament and super-activity of brain embarrass the slower movements of the tongue, trip it up, and cause it to *stutter* (specifically), *premeditation* is to be strictly enforced. That is, the pupil must be taught that it is better for him to pause, even for some seconds, before he commits himself to a sentence, so as to make up his mind exactly what he is going to say, even the *very form of words he will employ*, than to boggle and stumble and stutter through it for want of his tongue being in accord with his mind. For all speech is governed by, and springs from, the action of the mind. Idiots are mute, because they have no mental stimulus to their tongues, which utter frequently inarticulate sounds. Man's speech is the "*discourse of reason*," (*Shakespeare*), and must be continually kept

under the control and directing guidance of that moving power, or break down and impotently fail.

Premeditation, deliberateness in speech, is essential to stammerer and to stutterer. He must start fair in order to run his course well; a bad start will flurry and embarrass him to the end. Premeditation keeps the head cool and the nerves calm; and the tongue easily obeys the dictates of the ordered mind. Well-marshaled ideas secure for themselves a disciplined utterance, free from confusion and disorder.

Stammerers and stutterers should ever keep in mind the proverb, "the more haste the less speed;" or, as Shakespeare puts it,

"Wisely and slow; they stumble who run fast."

There are many confirmed stammerers and stutterers who read aloud without impediment; and not one of them stutters in singing. The reason is, that in these cases what they are going to utter is prepared and set down for them in matter and form: the mind is not called upon for an effort of constructive action; and the organs of utterance being left to their own free play, not stimulated or hurried by mental pressure, easily find articulation for what is set and arranged for them. Now, premeditation in speech, carried at first to the extent of never commencing a sentence without having pre-arranged its substance and form in the mind, would have the same effect in securing certainty of utterance by certainty of the thing to be uttered, as a printed page set before the eye. It is, in fact, reading the intended sentence with "the mind's eye."

At first, the necessary pause—not a very long one—before beginning to speak, which this premeditation requires, seems awkward; but practice gradually diminishes the length of that pause. The habit of premeditated speech by degrees grows easy, and the utterance certain. At any rate, a *pause of premeditation* is infinitely preferable to the stammerer's gasps and contortions of face, or the stutterer's hammering repetitions of initial sounds, by which he fills up that pause.

I have thus indicated the means and method of cure: 1. Confidence in the instructor on the part of the pupil, who is to be led thence to have confidence in himself. 2. A clear explanation to, and *rigid enforcement on the pupil, of the mechanical or organic means to be used for*

the production of each and every elemental sound in the language. 3d. Enforced deliberateness or premeditation before speaking, so that the mind shall be quite clear in its directions to the tongue, and the articulation shall not be embarrassed by uncertainty or mental hesitation, but mind and tongue shall act in accord and with precision.

Lastly, this exercise of mental precision and exactness of articulation must be carried on and continued resolutely till both shall have become a habit, and mind and function shall work harmoniously together: the one immediately and instinctively obeying the dictates of the other.

Then the stammerer or stutterer is free; the chain of a bad habit is broken. He can join in conversation or discussion with his fellows without confusion or the fear of ridicule. He may whisper his tale in beauty's ear without tripping or halting in its outflow; and he may aspire to sway the hearts of men in the pulpit, at the bar or in the Senate, confident that the conceptions of his brain will not be marred and disfigured by impotence of utterance; for what his thought clearly moulds his tongue will surely produce and trumpet to the world.

ACONITE AN EXCEPTIONAL REMEDY IN TYPHOID FEVER.

BY H. V. MILLER, M.D.

(Synopsis of a paper read before the State Society.)

ACCORDING to the best medical authorities and the almost unanimous experience of the profession, from the origin of homœopathy to the present day, *Aconite* is an exceptional remedy in typhoid fever. Hahnemann taught that *bryonia* and *rhus tox.* were the chief remedies in this disease. Jahr, Hughes, Baehr, Guernsey, etc., all oppose the use of *aconite* in this fever as a prominent remedy. Hempel is the principal authority for using it indiscriminately in all forms of fever, even in typhoid, typhus and hectic. He exaggerates the virtues of *aconite*, while on merely theoretical grounds he ignores the great therapeutic value of *apis* and *lachesis*.

Aconite is not an important remedy in typhoid fever, because its pathogenesis does not correspond with the nature of this fever. *Aconite* is characterized by great excitement of the heart and arteries, attended with febrile heat, thirst and anxious restlessness. The pulse is full, hard

and frequent. No such conditions are found to exist in typhoid fever; but instead, there are symptoms of nervous and general prostration. Besides, in early stages of typhoid fever there is a gradual and peculiar increase of temperature; while in an *aconite* fever, there is a higher temperature at the onset, without any gradual increase of temperature from day to day. And it is absurd to depend on an antiphlogistic remedy in the treatment of an adynamic form of fever, which requires such remedies as *arsenicum*, *bryonia*, *baptisia*, *gelsemium*, *rhus tox.* and *sulphur*. Unless a physician uses a fever thermometer for diagnosis, he is very liable to mistake the form of fever. And many cases of supposed typhoid fever treated with *aconite*, are not typhoid fever at all, but either catarrhal, gastric, bilious or rheumatic.

GUN-SHOT WOUND OF THE LIVER, COMPLICATED WITH LESION OF THE GALL-BLADDER—RECOVERY.

BY A. W. HOLDEN, M.D., GLEN'S FALLS, N.Y.

WHEN we consider that a gun-shot wound, which not only perforates the liver, but in passing through the body, penetrates the peritoneum at two different points, besides the risk of hemorrhage and active inflammation of the viscera itself, entailing the probabilities of violent peritonitis, it is not surprising that we find one of our standard authors saying as follows:*

"Wounds of the liver, especially gun-shot, are among the most fatal of accidents, death, if not instantaneous, generally coming on within the first forty-eight hours after the receipt of the injury, in consequence of the joint agency of shock, hemorrhage and peritonitis. Of thirty-two cases reported by Dr. Otis in Circular No. 6, only four recovered. Hennen has recorded two, and Guthrie five, examples of recovery from gun-shot wounds of the liver."

The later publication of the *Medical and Surgical History of the Great Rebellion*, gives a still wider field of observation and more extended range of comparison. One hundred and seventy-three cases are here recorded. Of these, fifty-nine are classified as "uncomplicated cases." The remainder, one hundred and fourteen in number, were associated with fractures of ribs and vertebræ, or lesions of other viscera. Of

* Gross—*System of Surgery*, vol. ii., p. 682, fifth ed.

the first class twenty-five—something less than one-half, recovered. Of the second class, seventy-four—over two-thirds, terminated fatally.*

The gravity of the case under consideration is further attested by the following quotation: "Wounds of the gall-bladder are almost invariably fatal. In fact the only authentic instance, so far as I know, of recovery, is one mentioned by Parroisoe, in which a man received a gunshot injury in the right hypochondriac region. He died at the end of two years of thoracic disease, when the ball was discovered in this reservoir. * * * Wounds and lacerations of the cystic, hepatic, and choledoch ducts, are followed by the same disastrous consequences as similar lesions of the gall-bladder."†

CASE.

W. M., set. 38 years, late a private in Co. A, 118th Regiment, N. Y. vols., presented himself for examination as applicant for pension, March 13th, 1866. Was wounded in action, while on the skirmish line, in front of Petersburg, Va., June 15th, 1864, by a musket ball (as supposed), which penetrated the abdomen on the right side, severing the costal ligament, and presumed to have ruptured either the gall-bladder or ductus choledochus communis, from the immediate and extensive extravasation of bile which followed the injury. This was accompanied also with extensive and alarming hemorrhage. He was promptly conveyed from the field to the receiving ship, the surgeon in charge failing to give him any attention, because he considered the case (as alleged) too desperate for interference or treatment. Was conveyed to Hampton Hospital, Fort Monroe, where he remained until the following October, and was then transferred to the U. S. General Hospital at David's Island, N. Y., where he remained until convalescent.

Had hospital gangrene in his wounds at both places. Was subsequently transferred to the invalid corps, and stationed at Buffalo, but did no duty, and was mustered out in the following April, on account of physical disability.

His appearance and condition at the time of examination are recorded as follows, viz.: Two large cicatrices are visible on the right side, one in the right hypochondriac region, overlying the

lower portion of the right lobe of the liver and the gall-bladder; the other on the back, about two inches to the right of the vertebral column, and immediately below the costal paries. The cicatrices are evidently enlarged by reason of the supervention of hospital gangrene, and the superficial fascia have become adherent to the subjacent tissues, so as to restrict motion and cause pain whenever tension is made upon the parts involved. Complains at present of dysuria, the urine being dark, thick and turbid, and followed by a copious mucous precipitate. Dull constant pain in the region of the kidneys, and occasional sharp lancinating pains at the anterior cicatrix. Has occasional flushes of heat alternated with rigors. Is able to follow to some degree his avocation as a lumberman and saw-mill hand. Appetite good, and strength fair, except when a strain comes upon the injured part.

January, 1877.—Is still living, enjoying a fair condition of health, and continues the activities and laborious pursuits of his calling.

—♦—

IS ALCOHOL FOOD?—This question is perhaps as far from being settled scientifically as ever. One class of scientists taking the affirmative and the other the negative, and neither convincing the other. The most common sense view of the case and best proved by scientific facts, is that taken by Dr. T. Edes, Prof. of Materia Medica, in Harvard University. He says:

1. Under some circumstances *alcohol* may be a food. These are:—

(a.) The deprivation of nourishing and sufficiently varied and abundant rations, as in the case of soldiers, sailors, laborers, etc.

(b.) When for any reason ordinary food is not well assimilated, or the system has become habituated to *alcohol*, as in some rare instances of habitual topers and in some wasting diseases.

This substitution should be a matter of necessity and not of choice.

2. The healthy man, with a full and varied supply of food, needs absolutely no *alcohol*. Wine with food sometimes assists digestion; but the digestion which needs the aid is either enfeebled or overburdened. The most severe and long-continued labor can be carried on better without *alcohol* than with it. This is in most cases especially true of mental labor.

* Medical and Surgical History of the Rebellion, part ii, pp. 131-2.

†Gross. *Ul. Supra*, p. 685.

Clinic.

SIX CASES OF FACIAL ERYSIPELAS.

BY ROBERT W. MIFFLIN, M.D.

(Member of the House Staff, Hom. Hospital, W.L.)

[I take pleasure in reporting the following cases of Facial Erysipelas treated in this hospital, in which, though they have all been severe, there has been no attendance of any unfavorable sequelæ. These cases have been treated throughout according to the law of similars, and have had no external applications excepting corn starch flour. In the first one of this series of cases I give the temperature and pulse as taken every A.M. and P.M., or oftener, showing how the record of such dangerous conditions is kept at this hospital; in the other cases occasional attention is called to the temperature and circulation.]

No. 1. TRAUMATIC.—C. J., æt. 40 years, 5 ft. 8 in. in height, weight about 160 lbs., fine muscular development, and no traces of any specific or other debilitating dyscrasies.

The above case was admitted to this hospital November 9th, 1876, and gave the following statement: On the 6th instant, being engaged in an altercation, he received a blow from his opponent's fist upon the left orbital region, causing a small contused wound, upon which there was a slight scratch as from a finger nail; he paid no attention to this, and was engaged all the next day (election day) about the polls; the weather being cold and rainy, he rationally supposes he caught cold in the wound; his face began to swell and grow painful. He had chills, followed by fever and loss of appetite, and accordingly sought admission here. Upon his entrance he presented the following appearance: The original wound was healed, the erysipelatous inflammation was confined mostly to the left side, the left eye being closed; the color of the tissues about the eye were bright red, the rest of the left side of the face a darker hue; in the centre of the cheek a fine miliary eruption; the left ear swollen far beyond its normal size, and also bright red. The symptoms, in addition to the previous objective ones, were steady aching pains all over the head, with occasional sudden exacerbations; head feels so heavy he cannot lift it from the pillow; skin hot and dry; pulse 96, full and strong; great restlessness and anxiety; sudden shootings and full throbbing carotids. Temperature, 5 P.M., 103½. *R Belladonna 3.*

10th, 9 A.M.—Temp., 103½. General symptoms

about the same. *R* continued. 3 P.M., temp. 104°; 7 P.M., 104°.

11th, 9 A.M.—Temp., 103½; pulse, 90. Feels better.

12th.—Left side of face presents a better appearance; the right side now swollen badly, bright red; pulse full and strong at 96. Temp., 10 A.M., 104. *R* continued. 7 P.M., temp., 105½; very restless to-night; pulse, 106. *R Rhus tox. 3.*

13th.—Better. Temperature this A.M., nine o'clock, 103. *R Belladonna 3.* Temperature, 7 P.M., 103½.

14th.—Temp., 9 A.M., 104½; 7 P.M., 105½. Again very restless.

15th.—Much better. Temp., 9 A.M., 101½.

16th, P.M.—As evening draws on he becomes worse again. Temp. to-day has risen, and to night (7 P.M.) stands at 105. *R Rhus. 3.*

17th.—Says he feels better; the inflammation is now not confined to the eye and ear, but is spread generally all over the face and neck and part of the scalp, and in no one place is it severe. Temp., 7 P.M., 103; pulse, 90.

18th.—Better. Temp., 6.30 P.M., 99½; pulse full at 80.

20th.—Improving.

22d.—Desquamating and convalescent.

30th.—Discharged cured.

No. 2. IDIOPATHIC.—Jan. 13th. J. B., æt. 40, single, laborer. Last Monday, the 8th instant, he had a severe chill, and this was followed by a burning and hot feeling of the face. These symptoms continued to increase, and he put himself under the care of a physician in the city, but having no home he came to the hospital. Face is now very much swollen; eyes nearly closed, and the tissues are of a dark red color. The inflammation extends upwards, and involves the scalp; head feels very sore to the touch; is very thirsty; carotids throbbing; eyes glistening and face flushed; pulse, full, strong and frequent; temp., 4 P.M., 102½. *R Bella. 3,* every hour.

14th.—Right side of the face is swollen more than the left, right eye closed. Had a discharge of blood and serum from the right ear during the night. *R* continued.

15th.—Has no pain in head or face; is feeling quite comfortable; tongue coated brownish yellow, and very dry. *R Bell. 3,* and *ars. 30;* alternate every hour.

16th.—Continues much the same as yesterday;

some discharge from the ears of blood and serum.
R continued.

19th.—Improving every day; face has begun to desquamate. *R* continued.

23d.—Erysipelas is extending down the back of neck and right arm. *R* continued.

25th.—Much the same; back is still quite sore.
R continued.

27th.—Is feeling some better.

29th.—The eruption on the back and arm has begun to desquamate, but the parts are still quite painful; has less pain in the head. *R* con.

Feb. 3d.—Improving every day. Scalp is very sensitive; is now thoroughly convalescent; appetite and strength are fast returning.

In this case, although the highest degree of temperature attained was 103, and delirium existed a part of one night only, the eruption was more extensive and severe in character than in any other case we have had. When desquamation was at its height, patches of cuticle, two to three inches square, were thrown off; and the patient's head was made almost completely bald by the falling off of his hair. Discharged cured.

No. 3. IDIOPATHIC.—Dec. 26th. J. C., æt. 47, married, U. S., bricklayer. Says that he has had no injury at all about or on the head; that last week he caught a bad cold, and on Saturday, the 23d instant, his eyes and face began to swell and to burn and sting him. On Monday, the 25th, he first noticed the blisters now upon his face. The whole of the right side of the face is swollen intensely; skin smooth and shiny, and of a pale red color; lids of the right eye much swollen; the eye closed; one large blister on the right cheek and a crop of smaller ones upon the forehead. Pulse 86, full and strong; temperature, 5 P.M., 104; tongue slightly coated, white, and is moist; severe stinging and burning pain in the face; urine very scanty and much strangury.
R Apis 3.

27th.—About the same.

28th.—Pains relieved; eruption looks the same; urine more profuse.

29th, P.M.—Delirium to-night; talks constantly of being out at sea, or out upon a river excursion; very restless and uneasy. *R Rhus* 3.

30th, A.M.—Looks better to-day; pulse strong, but more compressible, and still 86 per minute.

R Apis 3. P.M. Again very restless; talks of pleasant things, however, in his delirium; is not wild. *R Rhus* 3.

Jan. 4th, 1877.—Was delirious on the 31st ult., and on the 1st and 2d inst., at night, but is now much better; pulse full, but slow and soft; urine secreted plentifully, and he feels comfortable and easy. The highest degree of temperature was 105½, upon the seventh day, at 5.30 P.M. Discharged cured.

No 4. IDIOPATHIC.—Dec. 27th. J. W., æt. 51, single, U. S., laborer. Says he has received no injury; has been drinking very much lately. On the 25th instant he went to bed intoxicated, but feeling as well as usual when in such condition. He does not remember having had any chill, but awoke about 2 A. M. 26th instant, and found his face much swollen and very hot; felt no pain in it. Continuing to grow worse, he sought admission to this hospital. Face is about equally swollen on each side; no pain, and the swelling is accompanied by a bright red and shiny appearance of the skin; the face dry and hard, but is not tender to the touch. Pulse full and strong at 96; temp., 5 P.M., 104½. As night draws on is restless but not delirious. *R Bell* 3.

28th, 9 A.M.—Pulse and temperature the same; tongue dry, and he has great thirst; swelling is extending rapidly towards the eyes; he does not complain of actual pain, but only of great heat.
R Bell 3.

29th, 6 P.M.—This morning he was in as good general condition as yesterday at the same time, but to night he presents severe if not alarming symptoms; very restless and violent; mind wanders and jumps from subject to subject, talking incoherently and almost unceasingly; at times is very obstinate, and refuses to take medicine; tongue very dry and coated. *R Lach* 6.

30th.—Became easier towards morning, and had a little natural sleep. At 9 A.M. to day, his skin feels a little cooler and moist; the inflammation has extended to the eyes and forehead; left eye entirely closed, and the right one nearly so; crops of small vesicles on left cheek; pulse full and strong at 96, and heart's impulse quick. Temp., 105½. *R Bell* 3.

31st.—Delirium throughout the night.

Jan. 1st, 1877.—Delirium less last night.

3d.—Has improved the last two days; desquamation is beginning on the cheeks; kidneys acting well. Discharged cured 10th instant.

No. 5. TRAUMATIC.—Jan. 22d. Hattie W., æt. 28, U. S., married. Previous duration of disease, nine days. On the 13th inst. she went to a hop,

and was accidentally struck in the face, the blow causing a slight bruise; this she paid no attention to, and went home in the cold without any protection to the hurt. The next morning it was somewhat swollen, and was accompanied by sticking pain, which has been increasing ever since. Her face now is dark red, and much swollen and distorted, the right side the worse; right eye is swollen shut; nose also swollen; scalp very sensitive when touched; she says she has not slept for four days and nights in consequence of the severe pain; has dull frontal headache, and great thirst for small quantities of water; no appetite; very restless; sighing respiration. About four days ago a crop of small vesicles made their appearance on the face, which have since broken, and discharged a thin watery fluid, burning in character, and which upon drying, have formed small yellowish scales. Pulse, 120, small and weak; temp., 5 P.M., 104.

R. Rhus tox. 30.

23d.—Pain is not so bad; swelling and other symptoms about the same. *R. Same.*

24th, 9 A.M.—Temp., 101; pulse, 104; swelling abating, but she now complains of sore throat, with a prickling sensation on swallowing; also, watery burning diarrhœa, which made its appearance yesterday; was previously troubled with constipation. *R. Ars.* 30. 6 P.M., diarrhœa better, but the soreness of the throat and the dyspnoea are increasing.

25th, 9 A.M.—Pulse, 100; temp., 98½; throat very bad; the fauces and larynx have taken on an erysipelatous condition; moments of unconsciousness, and when she tries to swallow it almost strangles her. *R. Ars.* 3.

27th, 9 A.M.—Pulse, 86; temp., 98½; better; a small abscess has formed on the right upper eyelid, from which pus is escaping. *R. Ars.* 3.

30th —Desquamation going on rapidly.

R. Ars. 3.

Feb. 5th.—Temp. has been at normal height for past three days. Discharged cured.

No. 6. IDIOPATHIC.—March 8th. Jennie W., æt. 40, U. S., seamstress. This patient states that she has received no injury of the face or other part; two days ago she caught a severe cold, and this was followed by a heavy chill and subsequent swelling of the face, attended by much pain. The right side of her face first became affected, and yesterday (7th) the left side was attacked. At present there is great œdema

of the right eyelid, with intense frontal headache; face flushed; eyes glistening and watery; throbbing carotids; erysipelatous inflammation running from right eye up over forehead and back to the ear, of a decided bright red color; pain throbbing in character all over the right side of head; skin very hot and burning; tongue bright red, with pale edges; pulse full and strong at 96. Temp., 5 P.M., 103½. *R. Bell.* 3.

9th.—Temp. lower; general symptoms about the same.

11th.—Improving. *R.* continued.

12th.—Inflammation much subsided; general symptoms all better; pulse softer, 90; temp., 100½. This is the seventh day since the chill she says. *R.* continued, 30.

14th.—Temp. normal last night and to-day; fares well, and the cuticle is being replaced. Cured.

INTERMITTENT FEVER.

BY CHAS. C. BOYLE, M.D.

J. McC., aged 28, entered hospital March 16, 1877. Has had chills, and fever at intervals, for the last five years. The last attack came on about three weeks ago. The chills always appeared about 7 A.M., preceded by a sensation in the middle of the back, as if there was a lump of ice there. The rest of the body remains warm for five or ten minutes, when the fingers and toes become icy cold and numb, and the chill then spread over the entire body. This condition would last for about an hour, when it was followed by fever of about the same duration, succeeded by a slight sweat. At the end of the chill he had nausea, vomiting and vertigo. Very thirsty during both chills and fever. His whole body felt bruised, as if he had been beaten. Generally has three or four chills during the day. *R. Eupator perfo.* 30.

March 17. Had two or three short chills to-day, and but very little fever, which was followed by a profuse sweat. *R.* continued.

March 20. Had but one chill to-day. *R.* con.

March 21. Had one chill to-day of short duration, followed by slight fever and profuse sweat. *R.* continued.

March 22. No chill to-day, but had a moderate fever and sweat. *R.* continued.

March 26. Has had no chill since the 21st of March. Discharged cured.

SYPHILITIC ULCERATION OF THE NOSE.

(Reported by Bukk G. Carleton, M. D., Member of House Staff, Hom. Hospital, Wards Island.)

K. G., æt. 45, widow, was admitted to the hospital August 22d, 1876. One year ago was attacked with a severe *coryza*, and since then the nose has been completely obstructed. There is a discharge from the anterior nares of a thick, jelly-like mucus; and for the past two months small spicula of bone from the right nostril. Seven weeks ago a small pimple made its appearance on the tip of the nose. This soon degenerated into a superficial ulcer, with a very ichorous, offensive discharge. A thick, yellowish brown scab formed over the ulcer, about one-half inch in diameter, and nearly the same in thickness. This scab was surrounded by a red areola, and marked induration of the contiguous parts.

Rx. Kali-bichronicum, 30.

From this time until November 21st, *kali-bichronicum*, *aurum foliatum*, and other remedies, were used in various potencies, together with local applications of *caustic potassa*, poultices, etc. The only result was a gradual increase in the size of the ulcer. She now acknowledged having had syphilis five years ago. At this time *kali-hydriodicum*, five grains, three times a day, was prescribed, together with the local application of the *unguentum potassii iodidi*.

Dec. 4. Ulcer is healing rapidly, and all other symptoms are greatly improved.

Dec. 7. The nose is not as red as formerly; the induration is rapidly disappearing. There is no longer any tendency to the formation of scabs. The healing process continued without interruption until December 11th, when she was discharged cured; or at least, with a whole skin, and without any apparent symptoms of disease.

SURGICAL CLINQUES OF 1876-7, HOM. HOSPITAL, WARDS ISLAND.

CH. Ulcer of leg, plastic operation. Necrosis of tuber ischii, removal of necrosed bone. CH. Abscess of thigh, exploration of thigh. Caries of tibia, removal of carious bone. Necrosis of metatarsal bones, 1st excision of os calcis and middle third of leg—Carden's amputation. Ulceration of great toe from frost-bite, amputation. (2). CH. Ulcer of leg, skin grafting. (2). Varicose veins, ligation. Fistula in ano, elastic ligature.

Paronychia, free incision. Necrosis of head of femur, resection of hip. Phymosis, circumcision. (2). Onychia, removal of the nail. Intra-external hemorrhoids, ligature and amputation. Carcinoma of mammae, amputation. Hernia, Wood's Radical Cure. (2). Old cicatrix of arm, plastic operation. Sec. syphilis, rhino-plastic. Ch. Ulcer of little finger, amputation. Phthisis pulmonalis, transfusion of blood.

A large number of patients were also shown to the Class who were not operated. The above operations were performed by the following surgeons: T. Dwight Bradford, M.D., E. Carleton, jr., M.D., Wm. Tod Helmuth, M.D., John C. Minor, M.D., John H. Thompson, M.D., and S. H. Talcott, M.D.

KUMYSS is a remedy that was brought into use thirty or forty years ago, by the Russian physicians who had noticed the remarkable absence of pulmonary consumption and other forms of defective nutrition in certain named tribes on the steppes of Russia, whose food consists almost entirely of fermented mare's milk. Since its first introduction into civilized Russia, it has spread over entire Europe, and is now the chief agent in the hands of many physicians, in diseased characterized by defective nutrition. At first it was prepared from mare's milk solely, then from cow's milk and mare's milk mixed, and some have prepared it from asses' milk. Recently in this city, where it has come into very general use, it is prepared alone from cow's milk, by Dr. Brush, who has devoted a great deal of time and attention to the subject, and is at present giving his whole time to its manufacture. His plan consists in bringing cow's milk into the same chemical composition as mare's milk, and fermenting it in strong pint bottles, which, when fermentation is complete, (about ten days after bottling) show the following relative quantities of constituents: alcohol 3.23 per cent.; fat, 1.00; lactic acid, 2.92; caseine and salts, 3.71; carbonic acid.

As remarkable results are obtained by the use of kumyss in all diseases of the digestive organs, and defective nutrition generally, let us consider its constituent parts. First of all, the alcohol, in small quantities, promotes absorption, saves the fatty and also the nitrogenized substance from oxidation, promotes secretion and excretion, heightens nervous action and in a very diluted form; as we find it in kumyss, induces sleep, it also lowers the temperature of the body and increases the power of the heart; lactic acid lowers the temperature of the body, decreases the frequency of the pulse, which makes it very desirable when fever is present; it is also an acid tonic, anti-pyretic and diuretic. The caseine we find partially soluble, and very finely divided; thus presented, it is easily digested and assimilated for the renewal of the wasted albuminoid parts; the fat is presented in a very easily digestible form, then we have the salts and the carbonic acid. We do not find all these qualities combined in any single article of food or medicine excepting kumyss, "the most easily digested, highly nutritious food" known.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

EDITORS:

ROBERT GUERNSEY, M. D. ALFRED E. HILLS, M. D.

J. B. GILBERT, M. D.

Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, MAY, 1877.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

MINISTERING ANGELS.

THAT nation stands the highest in Christian culture, in spiritual development, in all the essentials of a great people, where woman is the most respected, loved and honored. The keynote of all true religion, Jewish, Pagan or Christian—the corner stone of real national greatness, is a recognition of that brotherhood of the human race which makes us all akin, because the same germ of immortal life, evolved from the same source, is growing and expanding in us all; and because in every living soul, unless crusted over, frozen, and hardened by that atmosphere of selfishness which poisons all life, there is, there must be, an answering throb to every cry of pain, to every note of anguish. The more delicate the spiritual organization the more in harmony with the Divine mind, the source of all harmony, the more direct and easy the influx from a higher spirit life, and the more potent and vitalizing the seed it scatters upon the world.

It is for this reason, that woman is of a higher spiritual organization than man; that her delicate organization catches the influx of living, eternal truth which sweeps in waves of harmony, too delicate for the grosser senses of man, from those higher realms where all is truth and purity, that all the great works for relieving suffering humanity, for elevating the human race, seem to

be an outflow from her mind, and the result directly or indirectly of her effort.

If we trace the history of the hospitals, asylums and dispensaries, which are in one sense the landmarks of the progress of true religion which cares for the sufferings of the lowest and the poorest, the unfortunate and the friendless, as well as the more fortunate members of society, we shall find with scarcely a single exception, that the first thought either came from a woman's brain, or was fashioned by her influence into a living, practical, working idea. The work, too, is so delicately and artistically handled, that not unfrequently the givers feel they are receiving back more than the value of their contributions in social and artistic pleasure.

We were particularly struck with this idea at witnessing a few evenings since the Children's Carnival at the Academy of Music. The house was thronged in every part with a bright and brilliant array of beauty, fashion and culture. The parquette was floored over, and as the curtain rose the hundreds of children grouped upon the back of the stage, of all ages, from four years to fifteen, in dress representing all nations—some bright with beautiful colors, some white and delicate as the fleecy clouds—it looked as if the gates of fairy land were thrown wide open, to give us, poor mortals, a view of its most beautiful spirits, as they floated in and out in the mazy circles of the dance, seeming to be almost borne up on the waves of melody, and moved hither and thither in artistic groups and figures, by the pulsating music so sweet, so beautiful, that it seemed floating out from fairy land. Never was a more brilliant spectacle seen in New York. The guests seemed like a great party of pleasant friends; and as they looked upon the fairy forms floating before them, they could hardly realize they were their own children, and that they were not for the time being in some vast magic hall. We doubt whether at any entertainment ever given in New York, there was as much pure innocent enjoyment as

at this. It was the inauguration of a new era in amusements, where the children, the parents and friends could mingle together in one great family; where there were no heart burnings, no barriers of society separating children from parents, but every thing beautiful, artistic, and thoroughly enjoyable to all.

For this beautiful spectacle, this inauguration of a new era in New York amusements, we are indebted to a few ladies who wished to obtain a building fund for a dispensary, whose rooms are crowded beyond their capacity by the sick and suffering poor of this great city, seeking relief from bodily suffering. None but women, with their quick appreciation of every thing beautiful, could have given practical force and carried out with complete success, the brilliant idea of Prof. Carl Marwig. While an evening of unequalled enjoyment was given to the thousands who thronged the Academy, the funds were furnished to form a green oasis in the great desert of human suffering and want.

God bless woman in her great mission of love and mercy! She moves through the world a ministering angel in the great work of human regeneration.

STATE HEALTH BOARD.

The proposition to establish a State Board of Health has passed to a third reading in the Assembly, and there is every prospect of its becoming a law.

The first section reads as follows: "The Governor, by and with the advice and consent of the Senate, shall appoint eight competent persons, one from each judicial district of the State, who, with the health officer of the port of New York, shall constitute the State Board of Health. Of the eight persons first appointed, two shall serve for two years, two for four years, two for six years, and two for eight years, from the first day of April next following their confirmation, and until their successors are appointed."

The other sections of the bill refer to details, and provides \$3,500 annual salary to its secretary, (who must be skilled in public health duties;) together with a sum necessary for expenses of the board, the whole appropriation not to exceed \$10,000.

No other member of the board is to receive compensation, except for necessary expenses.

This bill receives the support of the "old school."

Objection has been made to it on the part of the "homœopathic school" by the Committee on Legislation of the State Society, who suggest the following amendment, viz:

"Of whom three shall be members of the State Medical Society and three shall be members of the State Homœopathic Medical Society."

The committee desire, in the most positive terms, to ask you to approve the foregoing amendment, for the following reasons:

Health boards are now established in nine or ten states. Under the laws creating these boards, upwards of one hundred medical men are now exercising the powers conferred on them. *In not a single instance has a representative of the homœopathic school been appointed.*

Objection will be made by allopathists to our proposed amendment, on the ground that it is unnecessary and impolitic, and that it is better to leave the matter of appointment entirely to the discretion of the executive.

This we would be willing to do had not experience during the past six years shown our inability to resist the monopoly maintained by the allopathic school.

Very strenuous effort is being put forth by allopathic physicians, as represented by the American Medical Association and the American Public Health Association, two kindred societies, to secure the enactment of laws creating boards of health in all the states of the Union. These two national societies are quietly endeavoring, by the creation of state boards of health, to obtain entire control of sanitary affairs, while *ostensibly* acting solely to promote the interests of the American people. While professing only the welfare of the people, they are really promoting the interests of their own school by extending and confirming sectarianism in medicine.

In behalf of the people of the State, especially adherents of homœopathy, and in behalf of liberty of thought and action, as opposed to exclusiveness in medicine, we respectfully and earnestly request you to support the amendment proposed by the representatives of the homœopathic school.

If this amendment cannot be adopted, we sincerely hope the bill may be defeated, so as to leave the management of sanitary affairs to the local authorities of the towns and cities of the State, as at the present moment.

By enacting this bill a *new department of government* will be created. The Board is to be a permanent office, pertaining wholly to the domain of medicine. Though at first

a few non-professional men might be appointed, it is certain that in the end only physicians would receive appointments by the filling of vacancies as they occur.

While there is no valid objection to the permanent representation of our school in the health department of the State, should such a department be created, there are many good reasons why the homœopathic school should be represented equally with the allopathic. Simply equal representation is all we seek. We do not ask or expect class or special legislation. We ask you to grant us by legislative aid that which, after repeated efforts, we are unable to secure by any other method."

On the other hand, those of the "old school" who are disposed to ignore the barriers which divide the two schools as scientific bodies, and who would if they could, revise their "code" to a recognition of all *regularly* educated physicians and admit of consultation without disgrace, say, that on account of the prejudice existing against our school on the part of a large majority of their followers, it would be scarcely possible to expect the adoption of a bill which would be *perfectly* satisfactory to *both* parties, and a strictly sectarian bill will retard the medical millennium which is supposed to be near at hand.

It is claimed that we are safe with the present "powers that be," and that our school is sure of representation upon any health board that would be established. It will be observed that the Committee of the Homœopathic Society require *equal* representation, and this to our "old school" brethren appears unjust, from the fact of our school being largely in the minority.

The experience of the past gives little hope that a liberal or even *just* selection from our school would be made, if the matter is left to be influenced by the more illiberal of the "old school,"—and they are largely in the majority—and our only safety seems to lie in the proposed amendment, which places the matter beyond caprice, and out of the domain of personal influence.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.

By some little change in the internal arrangements of this institution, a new ward has recently

been fitted up, so that the entire building is now ready for the occupancy of the sick and their attendants. The present census ranges from 600 to 650, and the death-rate for the past three months (and the worst in the year) has been .056 per cent.; showing a very considerable improvement (about one per cent.) over that of the whole of last year. During these three months, the number of admissions have exceeded one thousand! at a per capita expense to the city of less than 25c. per day.

It is but just, that our colleagues should know that the Commissioners, Thos. S. Brennan, Esq., President, Isaac H. Bailey, Esq., and Townsend Cox, Esq., have one and all treated us with the utmost courtesy and respect, and have shown themselves ever ready to aid in the promotion of any needed reform or emergency which has arisen. Our Medical Board would be extremely sorry for any change in the Board of Commissioners of Public Charities and Correction of the City of New York.

The present House Staff consists of Selden H. Talcott, M. D., chief; Drs. Bukk G. Carleton, C. C. Boyle, George Allen, E. R. Corson, W. Y. Cowle, Geo. W. Blodgett, W. H. Stevens, and C. W. Cornell.

Many interesting medical and surgical cases are constantly under treatment here, and members of the profession who may desire to visit the institution, will be cordially welcomed by the Chief of Staff. This hospital belongs to the *whole* homœopathic profession, and they should show their interest by making it an occasional visit, and observing that in its management the dignity of professional standing is maintained.

WE have received in pamphlet form the Class Valedictory delivered at the 17th Annual Commencement of Hahnemann College, Chicago, by Henry N. Baldwin, M. D., together with a class poem by Jackson B. Whittier, M. D., both of which seem eminently worthy of such distinction. We cordially welcome these gentlemen to the profession which they certainly ought to adorn.

Correspondence.

LOCAL APPLICATIONS.—SUPPRESSED OPHTHALMIA.

BY E. E. GREGG, M. D.

(Continued from page 20.)

To the Editors of the THE TIMES.

Here, again, we have double, yes, quadruple proof of the law, from both its direct and inverse action, twice in succession in the same case, within a few weeks; and, of course, equal proof of the great danger of suppressing disease; of its disappearance under external applications, and its reappearance twice, in so short a time, as identically the same thing under *curative* treatment. And from this we know what must inevitably follow sooner or later, from all suppressed diseases, if they are not brought back to their primary seat and condition, or out upon the surface of the body, where they can work no danger to life.

We also have another instructive lesson to draw from this case. It will have been seen that the internal administration of homœopathic remedies for the eyes did not prevent the disease from being suppressed by the local applications, and driven in to become immediately active on a more vital part, as we frequently hear claimed that they will. Under the law, and in the nature of things, it is not possible for internal medication to prevent any malady striking inwardly, if the local treatment is effectual in the so-called cure of the local disease.

Other similar cases might be given, but in view of what has preceded, and what is to follow, before we get through with this subject, it cannot be necessary to multiply proof to too great an extent under the several heads. Enough will have been presented long before we close the record, to convince all fair-minded and unprejudiced physicians, that a great fact or law must underlie this whole question, by the aid of which they can make their own observations, and secure their own proof. The opportunity and the proof exist everywhere that human beings are suffering from chronic disease.

It has been a yearly experience with me ever since I entered upon the practice of medicine, (was so for several years before I had any knowledge or thought of a law governing such things), to meet with one or more, sometimes several cases

in the year, of consumption, or other very serious chronic disease, succeeding more or less immediately, to the relief, (suppression I must always call it), of inflammation of the eyes, by a great variety of external applications or operations. Indeed, one of the first cases of consumption I ever assisted in the treatment of, and in the first year of my practice, was one that commenced within a year after the suppression, by external treatment, of ophthalmia. The patient, a man aged about thirty, and formerly quite robust, consulted the late Dr. Seymour West, of Canandaigua, (with whom I was then in partnership), and myself, for a severe cough, with pains in the chest, night sweats, quite rapidly progressing emaciation, etc. In the course of the examination, Dr. West, who was in many respects the closest and most accurate observer I have ever yet met, brought out the fact that the patient had had an attack of ophthalmia within the previous year, which had been suppressed as already stated. In talking of the case after the patient left our office, the Doctor told me he had known in the course of his experience, several cases of the most serious, and at last fatal results, from chronic disease of the lungs, following either immediately or within a year after the cure in the usual way, of inflammation of the eyes. He evidently had no knowledge or thought of a law governing such results, as he never spoke of it, but would have done so had he known or suspected it, as he discussed every subject that came up in a most thorough, intelligent, and unreserved manner. What finally became of our patient I never knew, for not being cured, as he thought he ought in a few weeks, he left us and sought advise elsewhere.

What may be done while treating a most serious case of disease of the eyes, towards eradicating inherited and deep-seated chronic diseased tendencies, by administering medicines for the eye disease, internally, upon the strictest homœopathic principles, I will now relate.

My only son, aged then about three years, had an attack of measles. All of the symptoms were severe, approaching the malignant type, but the eruption came out very fully upon all parts of the body and limbs, excepting upon the legs, from the calves down, where it was slight, while none appeared upon the feet, nor could it be brought out upon them. From its non-appearance on the feet I feared some succeeding

trouble, and it was not long in coming. Before he had recovered his strength from the measles, he was attacked with severe ophthalmia, which in a very short time went on to the development of pustules on the cornea of each eye. These became quite large, were the cause of much suffering, and rendered all light intolerable. *Beladonna*, *mercurius solubilis*, *calcarea*, etc., in their higher potencies, administered internally, without external applications, speedily controlled the inflammation and pustules as well, apparently absorbing their contents without rupture, and soon thereafter restored the eyes to their full natural appearance and condition. They did not remain so long, however, for within three or four weeks there was a return of inflammation, and rapid development of pustules on the cornea as before. One of the singular and severe features of the case was, that these pustules invariably developed within twenty-four to forty-eight hours after the inflammation commenced. This attack was subdued about as quickly as the preceding had been, and I felt sure ended the trouble, but in this was disappointed. There were two subsequent attacks of the same, at intervals of four to six weeks, the last being very severe, and which was finally, rapidly and permanently cured by *lycopodium* and *phosphoric acid*, in high potency, with no further return of, or threatenings from the disease. The severity of the case may be judged by the fact that the left eye appeared much smaller and sunken after each attack, and worse in this respect after the last than at all before, but was soon restored under the continued curative action of the medicine named, to its full natural appearance, and remains so to this day.

The next winter after these successive attacks of ophthalmia, this same child had an attack of scarlet fever, with a full and bright eruption from head to foot, with scarcely the slightest internal disturbance of his system in any way. It was with difficulty we could keep him in bed, and he played almost constantly in bed all day long, without fatigue, and slept almost perfectly at night throughout the course of the fever. Neither did any constitutional symptoms, even the slightest, follow, though there was a complete exfoliation of the epidermis from all parts of the body, and he has continued in apparently perfect health ever since. In short, all psoric inheritance, or other diseased conditions left in

the muscles, or otherwise, seemed wholly eradicated from his system, by the internal treatment which finally so effectually cured the eyes. Hence the scarlet fever found no taints to arouse, and set to work with itself, as is so often the case in its deadly effects. On the contrary, had the ophthalmia been suppressed and all that poison left in his system, can any one doubt that the fever would have found a most fruitful soil for developing very serious results? That the ophthalmia was so severe and recurred so many times, was undoubtedly owing to the fact that the measles did find congenial soil in a scrofulous taint, and developed one of the results that is unavoidable, when it meets in the human system with latent diseased conditions. It is certainly in that way, namely, finding and arousing latent or inherited taints, that scarlet fever frequently, if not always, causes its worst effects.

BUFFALO, Feb. 19, 1877.

[P.S.—I notice several typographical errors in both my articles published in your January and February numbers. In the former, page 238, second column, second line from the bottom, "long" should have read "lung;" and on page 239, first column, 27th line from the bottom, "hot" should have read "salt." I could but laugh at the ludicrous figure a patient would cut snuffing hot water into the nostrils. In the February number, page 257, second column, twenty-eighth line from the top, "drawing" should have read "driving," and same page, same column, thirty-first line, the word "not" should have been left out. Again, on page 260, second column, eighteenth line from the top, "nervous membrane" should have read "serous membrane." The same error also occurs five lines farther on. There are other minor mistakes, but they are probably more my fault than yours. The wonder is that you can take any writer's manuscript and render it as accurate as you do, in the hurry of proof-reading and other urgent duties.—R. R. G.]

To the Editors HOM. TIMES.

Dear Sirs:—In the March issue of your journal we had a very able description of a case of ovarian tumor and autopsy, by Dr. Arthur T. Hills. The case was treated by daily electro-puncture, by an old-school physician, and terminated disastrously. As the details of the case have been fully entered into by Dr. Hills, it is unnecessary to repeat them. At the close of his paper, however, he makes the following deductions: 1st. "The case was not one for successful surgical interference." 2d. "Electrolysis in this case evidently hastened the death of the patient."

He then finishes his article with these very appropriate queries: 1. "Were the needles perfectly insulated?" 2. "Ought electrolysis to be performed in such rapid succession?" That the case was not one for successful surgical interference was plainly shown by the autopsy, and I think it probable that the symptoms during the life of the patient must have been sufficiently marked to deter any surgeon possessed of ordinary caution from interfering. But his second deduction is not so clear. Now was it electrolysis, or the manner in which electrolysis was performed, or the too frequent repetition of it, that caused death? Before entering into these points, let us consider for a moment the Dr.'s queries. "Were the needles perfectly insulated?" "Ought electrolysis to be performed in such rapid succession?" The first question has been already answered by the surgeon who operated on the case, in the *New York Medical Journal* for this month, page 278. *They were not insulated.* He says he is in the habit of using one *steel* needle, three to five inches long, and of the size of an *ordinary knitting needle* (what size knitting needle he does not say). This he attaches to the positive pole of a battery capable of decomposing .03 of a cubic centimetre of water per minute, and having introduced the needle into the cyst, completes the electrical circuit by means of a sponge rheophore applied to the skin; continuing the *seance* for five minutes, and repeating this operation daily. Now, any one who knows one iota of the first principles of electro-physics, is aware that electricity when it has a choice of two or more conductors, will choose the best, also the shortest route, to complete its circuit. The tendency of electricity to obey this law, is just as strong as the tendency of water to find its own level. In puncturing an ovarian cyst, the needle penetrates,

1st, The integument—bad conductor.

2d, Subcutaneous adipose tissue—bad conductor.

3d, Tendinous fascia—poor conductor.

4th, Peritoneum—good conductor.

5th, Cyst and contents—fair conductor.

Therefore, the current transmitted through the naked steel, expends the greater part of its force on the serous membrane, which besides being a good conductor, is also a good electrolyte; and as the peritoneum in contact with the needle undergoes chemical decomposition, so the needle

in contact with the peritoneum undergoes chemical decomposition at the rate of .03 cubic centimetres a minute; also, chloride of iron is formed as the needle dissolves, and this irritant is introduced into the cavity of the abdomen every day! I wonder if Dr. Semeleder thinks it a good thing to have floating around inside promiscuously, as Artemus Ward would say; or if he uses this method to hasten the end. He says he does it to save time! (page 278, *N. Y. Journal*, March, 1877). His patient died after twelve such applications.

Now suppose in a case of ovarian cyst, we introduce two fine platinum needles, *insulated* so as to entirely and completely protect integument, fascia and peritoneum, from the destructive action of the current and use a current of much less quantity and a little more intensity than was used in this case, and transmit the current from fifteen to twenty minutes, and not repeat the *seance* until the needle marks in the skin have disappeared. I think we are doing everything that electricity can do for the patient, without running the slightest risk of peritonitis, suppuration of the cyst, and its sequel pyemia; or in any way jeopardizing the life of the patient. Now another point: I would object to the term electrolysis as applied to the electrical treatment of ovarian cysts. Electrolysis has nothing whatever to do with the cure. It is upon the action the current has, in favoring the absorption of fluid, and destroying the secreting power of the cyst, that depends the cure, and not upon the chemical decomposition of the fluid; and though slight electrolysis must and does take place, the operator should make it as slight as possible, and use as small a quantity of current as will attain the desired end. I therefore think the term electro-puncture preferable. Dr. S. winds up his article in the journal, by telling his *confrères* not to blame his method of operating; but if any blame is to be incurred to cast it upon him. I think that in the case under consideration, the patient's death was caused by the powerful action of the galvanic current upon the peritoneum; which, had the needles been insulated, could not have occurred, even with the strong current employed. Repeating such operations daily seems to me a kind of blind experimenting as to how often the patient can stand it, instead of waiting to see how much improvement he obtained from one *seance*, before repeating it. Such treatment

to be deprecated, even if a human life was not at stake; such experimenting never has been and never will be of any benefit to the profession. And now, Mr. Editor, my excuse for taking up so much of your valuable space is,

1st. That the blame may fall where it belongs; not on electro-puncture properly performed, which carries with it but slight risk, and holds out considerable hope of cure, but upon a bungling, careless mode of operating, which always has and always will end disastrously.

2d. To prevent those who would give electrolysis a fair trial from being deterred doing so, on account of the fatal result of this case and another from the same source, which has since been reported. Surgical skill and judgment is as much if not more required in this department, as in any other branch of surgery, to which must be added a thorough acquaintance with electrophysics, and considerable technical experience in the details of electro-surgery.

I am, yours truly,

JOHN BUTLER, M. D.

21 W. 24th St., N.Y., March, 1877.

MICHIGAN UNIVERSITY.

Editors HOM. TIMES:

March 28th, 1877, will long be remembered by the homœopathists of Michigan. On that day was witnessed the grateful and novel spectacle of thirteen homœopathic students receiving the degree of M. D., in a state institution, after a rigid and unusually severe examination by an allopathic faculty. It must be remembered that the votes of the homœopathic faculty would not be sufficient in number to pass applicants, and thus the credit of success rests upon the old school. Depend upon it, they did not willingly nor gracefully do this; but the examination papers being the property of the Board of Regents, a fair vote was assured. The class consisted of eleven gentlemen and two ladies; one candidate was rejected. Last year, the first term, the class in attendance in the homœopathic department numbered twenty-four. This year there were fourteen in the senior class, and thirty-seven in the junior.

The Board of Regents have lengthened the term in the medical schools to *nine months*. But one other school in the county, viz., Harvard, has such an extended course. They have also assigned a portion of the University hospital to

our department. With nine months continuous session, a well equipped and well patronized hospital, the largest chemical laboratory in the country, with practical work in microscopy and all kinds of chemical analysis; a library of 20,000 volumes, a museum of over 400,000 specimens, and admission to lectures on every branch of science and arts, from a faculty of over half a hundred professors, students should take high rank if they properly improve their many advantages and opportunities.

The promise for 1877-78 is good; the Dean counts upon a class of one hundred. G.

ANN ARBOR, April 2, 1877.

MEETING OF THE STATE SOCIETY.

Editors HOMŒOPATHIC TIMES:

In the correspondence department of your journal for April, a "Looker-on in Venice" states that "some of the papers presented at the last meeting of the State Society, were more theoretical than practical." This no doubt is true, to a great or less degree.

The fact that he singles out for mention, the paper compiled and presented by me, and entitled "the obstetrical bandage," together with the opinions expressed by him on the subject, has probably left an impression on the minds of the readers of his article, that the aforesaid paper was pre-eminently "more theoretical than practical," and that its sole purpose was to maintain and establish the uselessness and inexpediency of applying the bandage.

To thus conclude would not be in accordance with the facts.

The paper does not contain an original thought of mine, and its contents and purport I stated before reading it, viz.: that it was a compilation on the subject from different sources—mainly, from the record book of the Kings County Homœopathic Medical Society. It was thus compiled and presented. * * Instead of, as intimated by your correspondent, the paper advocating the non-use of the bandage, the greater portion of it was made up of arguments to show that the bandage is useful, and should not be discarded. * * Respectfully, etc.,

E. HASBROUCK.

[We do not think Dr. Hasbrouck's exceptions are well taken, but as his criticism and the letter of our correspondent are before the profession, they will judge for themselves.]—Ed. Times.

Reports of Societies.

ONONDAGA CO. HOM. MED. SOCIETY.

THE subject of uterine displacements being announced, Dr. Miller said he had treated some cases successfully with appropriate constitutional and hygienic measures. He had derived benefit from certain muscular exercises, but he did not have much faith in pessaries.

Dr. F. Bigelow never derived much benefit from the use of pessaries in such cases. He preferred proper homœopathic remedies and the required rest.

Dr. Garrison reported a case of procidentia in an old lady who was bed-ridden, cured by *tiger lily*. She did not favor pessaries.

Dr. Doane had years ago been disgusted with pessaries, yet he felt obliged to use them in displacements. Patients might recover simply by keeping quiet. He thought that it was nonsense to depend upon constitutional measures, though these were often beneficial. He could not cure uterine diseases by them alone.

Dr. Hawley addressed the society substantially as follows:

"How to cure uterine derangements is the question we meet to discuss. I will therefore proceed at once to the consideration of certain misconceptions which seem to me to have taken possession of almost all writers and speakers on this subject, out of which appears to have grown a system of practice wholly unscientific and irrational.

First is the notion that the uterus is maintained in its position by its *ligaments*, as if they were its only or chief means of support.

Second is the notion, not so clearly defined, to be sure, but still existent, that there is vacant space in the cavity of the female pelvis, into which the uterus must inevitably fall, to the woman's great discomfort, if by any cause its ligaments become relaxed.

Now, while the first is distinctly affirmed by anatomists, and the subject always treated by pathologists as if the second were true, it seems to me that a moment's reflection must convince you all that there is no foundation in the facts of things for either notion. Probably no one, after reflection, would deny that the cavities of the body are always filled. The female pelvis contains, and is filled by the bladder, uterus and rectum, with their connective tissues. All these organs are free to expand or contract, and to move among themselves. Indeed they do so move every time the woman breathes, unless she has so girt her abdomen that she cannot breathe with the diaphragm. These movements are possible, because of and depend upon the expansibility of the connective tissues, while the so-called ligaments

are nothing more than these connective tissues. How much they may be expanded any one can see the moment he reflects on the phenomena of pregnancy. But if these ligaments do not sustain and keep the uterus in place, what does? No doubt the muscles of the pelvis; just as the abdominal viscera are sustained by the muscles of the abdomen. The pelvic viscera may be said to float on the muscles which cover and constitute the walls of that cavity, anchored, to be sure, but yet possessing great freedom of motion in their relation to each other. This being true, any one can see that a relaxation of these muscles, from any cause, will allow of the displacement of these viscera. Consequently we find pathologists have described a legion of such displacements under such names as prolapsus recti, uteri, vesicæ, vaginæ, etc., with anteversion of the uterus, retroversion, lateroversion, and numerous other high-sounding, wise-looking, and, to the patient, terrifying names. What woman would not submit to the torturing manipulation and big bills of the surgeon to be rid of such a frightful thing as an *anteversion*, or a *retroflexion*, for instance? Why they are awful, but if she only knew it, are generally of no more consequence than the bending of her finger. But when we come right to the point what do all these things mean? Simply this and nothing more. *The general health has declined below the normal standard.* How then do reason and science demand that they shall be treated? Can the general health be improved by wearing a mass of glass, vulcanized rubber, or silver plated metal of whatever shape, in the vagina? Or by injecting into it a solution of sulphate of zinc, nitrate of silver, hydrastis canadensis, glycerine, or what not? Everybody sees the absurdity of the claim as soon as the question is asked; and I venture the assertion that, but for the exorbitant fees which doctors are able to collect for the use of such and similar means in their treatment of women, they would soon teach the people how worse than useless they are, and they would be regarded much as we regard the old and older time practice of allowing leeches to crawl and mice to run over the prolapsed uterus in order to restore it to its normal condition. Surely, if there is such a thing as rational and scientific treatment for such cases, it can only be in the use of such constitutional means as shall restore the general health and thus bring back the normal tone to the relaxed muscles, which, by their laxity, have allowed the displacements of which complaint is made. If the patient is suffering from the evils of ill-adjusted dress, teach her, as far as our barbarous method of dressing women will allow, how to conform her dress to the requirements of health. If errors in diet are the cause of her ills, teach her how to correct them. If she is, as many are, the innocent victim of a husband's worse than beastly lust, insist upon it that she shall, at least till she can recover, live entirely "*absque marito.*" In any and all cases see that she has plenty of out door air, sunshine and exercise, with all the freedom from care that circumstances will at all allow; select and prescribe the remedy which, according to our law, best covers the case, and you cannot fail of a cure in any

curable case. Of course to do this one will find it necessary to imbue his patient with the idea that she will have to "work out her own salvation," not with "fear and trembling," perhaps, but with *work*. Everybody knows that the way to strengthen muscles is to use them. On this law of things the distinguished Swedish professor, Ling, built his system of the "Movement Cure," which let me say, I have for many years found a priceless adjuvant in the treatment of all those troubles known as "female weaknesses." These include a host of ailments, uterine catarrhs, eruptions, ulcerations, tumors, etc.; a list too long to mention. How shall they be treated? Just as similar affections in other parts of the body would be treated. The genital organs are a part of the woman just as much as her feet or head. If reason and science teach us to treat diseases of the skin, throat and eyes by the old method of local applications, let us adopt it and, giving up our distinctive organizations, confessing our sins, let us implore our mother organizations to take us back into their wiser and more enduring folds. But if we have discovered that there can be no such thing as local disease in living people, and if we have a *law of cure*, let us, in the name of righteousness, stand by it—seek everywhere and always to apply it and no longer give occasion, as is now frequently done, to our old school brethren to taunt us with dishonesty and a resort to their methods as soon as we get a serious case. All who know anything of medicine know that the treatment of the diseases of females is the opprobrium of the profession and its *harvest field* as well. If homœopaths have nothing better to offer than the old school gives, *shame on us!* We do not deserve their respect. But if we have better methods let us stand up like men and prove it; and never prostitute our manhood, or trail in the dust the glorious ideal of our profession for the mere dollars and cents, which only the ignorance of the people enables us to extort from them, if we will resort to the imposing array of instruments and apparatus peculiar to the old school methods. The experience and observation of more than a quarter of a century have convinced me that such simple, rational means as I have spoken of, will cure all those ills of women, but I am also convinced that, in many cases, there is no possible cure by any method without a radical change in habits of the sufferer, especially in the matter of dress."

Dr. Garrison believed in local treatment in some cases. But she said foolish women preferred heroic treatment for which they paid extravagant prices. She claimed that it was as absurd to apply caustics in uterine catarrh as in nasal catarrh. No one could think of using such applications in nasal catarrh, but these diseases were of a similar origin and nature. For the sake of her sex she was interested in the discussion of this subject.

Dr. Doane—The uterus is sustained by its ligaments. When these ligaments are relaxed

the pessary gives them a chance to regain their tonicity and enables the patient to take the needed exercise for her general health. He had no doubt of the efficacy of movements and of dress reform. He had seen many cases of uterine disease cured by local appliances. But he did not believe that homœopathic remedies could alone cure such complaints any more than cataract or strabismus. He discredited such reported cures. He thought such cases got well themselves.

Dr. Miller—Those who depend exclusively upon local applications discredit cures made by constitutional remedies, and those who depend upon the latter treatment discredit supposed cures by local measures. Except in cases of accident, those diseases are local merely in their manifestations. The whole organism is implicated. Specific treatment cures diseases of the eye, throat or any other organ, not excepting even the uterus.

Dr. Emens said that uterine displacements and other diseases were curable by homœopathic and hygienic measures. She deprecated the use of the pessary.

Dr. Doane thought that we should employ any measures tending to effect a cure.

Dr. Brewster said that either method should be used according to circumstances. He related several interesting cases. By carefully studying his cases, he had been able to cure the comparatively few cases he had treated with homœopathic remedies. Formerly he used local treatment, but he found that this did not make permanent cures, except in one instance.

HAHNEMANN ACADEMY.

THE regular meeting of the Hahnemann Academy of Medicine was held at the Ophthalmic Hospital, March 28th, the Vice-President, Dr. Saml. Swan, presiding.

Dr. Swan read a paper entitled "Case of Arm Presentation," by Thos. Skinner, M. D., Liverpool, England.

Lately, in consultation with Dr. Gordon Smith, of this city, I saw a case of *arm presentation*, in which *pulsatilla* 30, was given without effect, either in bringing on the pains or in changing the presentation. But possibly it was not a fair case, as the membranes had ruptured *without a pain*. There were twins, and an immense excess of liquor amnii. It may be well to state

that the patient had been put upon *cimicifuga*, *ter die*, for three weeks, to ensure an easy delivery, as she was 37 or 38 years of age, and a *primipara*. The os uteri was much dilated, larger than an "American eagle," and dilatable, both a foot and a hand being through it without a vestige of pain, the membranes being ruptured, lots of water escaping, yet still no pain. We secured a foot, turned and delivered the first child, without a pain, or scarcely any to speak of; certainly no contractions of either the circular or longitudinal fibres. Had the *cimicifuga* nothing to do with this inertia uteri with patent os? Doubtless it had. *Pulsatilla* 30, and ultimately *caulophyllum* ° were administered every fifteen or twenty minutes without the slightest effect, before my arrival and subsequently. Half an hour after No. 1 was delivered, *pulsatilla* 30, was commenced again every ten or fifteen minutes; no good. Then *caulophyllum* every five minutes; no good. Dr. Smith again called me in. I suggested *morphia*, as recommended to me last September by Dr. Swan, of New York. I had only one preparation of it with me, namely, *morph. acet.* 300, (Jenichen). I gave Smith one dose, to be given dry on the tongue, and then "wait and hope." Inside half an hour, (I forget the exact number of minutes,) strong pains came on, making her sing out; the inertia uteri disappeared, and the second child, a head presentation, was delivered naturally, followed by the placenta in about fifteen minutes. No after-pains, and the patient has made an excellent recovery. Dr. Smith and I have no doubt that the *morphia aceticum* removed the inertia uteri, but whether by antidoting the actea, or acting specifically upon the uterus, is doubtful. I am inclined to think from what I have frequently seen of the action of *opium* and *morphia* during labor, while an allopath, that the action of the *morphia* in this case was specific as an oxytocic. The case is exceedingly interesting to me. It remains to be found out what are the indications for the use of *morphia* in inertia uteri, as I am doubtful of its being of use in every case. It is quite possible that we mistook the post for the propter hoc, and the pains when they did come on might have been those of unassisted nature, further experiment will show. I have been frequently bothered with inertia uteri, and have been disappointed with *pulsatilla*, *sulphur*, *caulophyllum*, etc., and am only too glad of another arrow in my quiver, and which I will not fail to use on the earliest opportunity.

Dr. Piersons questioned whether the action of *opium* and *morphia* were identical.

Dr. Swan said, that Dr. McVickar had stated, that while in the Lying-in-Asylum, he often used grain doses of *opium*, with good effect, and he thought from Dr. McVickar's experience that its action was on the longitudinal muscles as *bell.* on the circular. In a case in his own practice after the 1^m of *opium*, pains came on in five minutes.

Dr. Finch asked, whether Dr. McVickar gave the *opium* to obviate or control pains?

Dr. Swan replied, to produce them.

Dr. Piersons failed to see why the 1^m would produce same effect as crude drug.

Dr. Swan did not consider that it worked mechanically, but by setting free imprisoned vital forces.

Dr. Piersons did not think it followed that either *bell.* or *opium* caused the easy delivery, because the fifth or sixth labor was much easier than the previous ones; for such things often happened where no medicine was given.

Dr. Swan said there must always be a first case for the use of a drug. He obtained his idea from the allopathic application to the os.

Dr. Burdick thought he could throw a little more light or darkness from his own experience. The question was whether the remedy or a peculiar condition of natural causes produced the effect. He had had large experience with *viburnum opulus* in pregnant state. One marked case where he had been in attendance twenty-four hours, with nothing accomplished except much pain, and then was obliged to deliver with forceps. In two years, same woman was again pregnant, and he determined to try *viburnum*, 30th for thirty days—one dose at night. At delivery, the nurse who was sleeping upon the floor above, had not time to come down before the baby was born; and since then, in her subsequent two or three confinements, he had never been able to reach the house in time. During several years he had used it in many cases with marked results. It had not always proved successful. He had noted one fact, that the drug acted well with light-haired people; failed with dark. He had never had much success with *bell.* *Gelsemium* had given him better results in rigid os than other remedy. He had given *opium* in large doses, but with no effect, except to reduce pain.

Dr. Piersons questioned greatly the propriety of giving medicines in advance to secure an easy labor; did not believe any medicine should be given unless there were special indications for it.

Dr. Burdick was willing to grant that no medicines should be given without reasons, for instance: would not think of giving medicine for contracted pelvis or abnormally large head. Remedies should be given to establish tone and a perfectly healthy condition of the uterus; towards the end of the term as cervix breaks down, uterus enlarges muscular fibres by being

stretched, lose tonicity, and if we have any remedies whose action is to restore tone, a physician's duty is to give them.

Dr. Swan wished to ask Dr. Burdick how long it required for the uterus to acquire tone—days and weeks, or a few hours? Also, should you expect to relieve all pain, is not that an essential part of the process?

Dr. Burdick replied that it was clear to his mind why a single dose was not sufficient, and cited the muscular exhaustion from keeping arm and hand in fixed position for a long time, as in caring for the abdomen round the incision in operating for ovariectomy.

Dr. Swan thought the cases not parallel as one was a natural and the other unnatural condition; for the womb was intended to do just such duty, and he might not have been invented for holding the abdominal wound.

Dr. Burdick thought in very distended abdomens there was an evidence that the uterus lacked tone.

Dr. Swan thought that condition resulted as much from relaxed abdominal walls as uterus.

Dr. Burdick said he did not assert that *viburnum* would cure all cases, any more than Dr. Swan meant that *lac caninum* would cure all cases of *diphtheria*.

Dr. Alfred K. Hills thought that the paper of Dr. Skinner illustrated in a forcible manner the necessity of prescribing for individual cases, thus avoiding the so-called specifics for the names of diseases and conditions. As to how much the *cimicifuga* had to do with producing an abnormal presentation, of course we do not know, but it is fair to presume that if pregnancy was progressing normally, any medication whatever was liable to make it abnormal, and should not have been resorted to in this case, as in my opinion it should not be in any, under such circumstances. I have had experience with the use of remedies such as *cimicifuga* and *caulophyllum*, in such cases, and am entirely dissatisfied with the results—the patients would have been better off without them. This practice reminds me of the advice of an eminent obstetric professor to his class, to “give teaspoonful doses of the fluid extract of *ergot* immediately upon entrance to the lying-in-room, no matter what the condition of the patient.” What we want to know is, *when* to use these remedies, and let us bend our

energies in *that* direction rather than to that of generalization.

Dr. Swan then read a paper on “*Lac Caninum* in *Diphtheria*, continued,” upon which, from the lateness of the hour, there was little discussion.

Adjourned.

CLARA C. PLIMPTON, M.D., *Rec. Sec.*

AMERICAN INSTITUTE OF HOMOEOPATHY.—The meeting this year will be held at the “Kent House,” Lake Chautauqua, (near Jamestown), New York, in June next, and an excellent opportunity for recreation will be afforded, besides the enjoyment of attendance upon the sessions of the Institute, which bid fair to be the most interesting ever yet held. The various bureaux are expected to be resplendent with scientific and original research, and the members are urgently requested to do each their share, to make the meeting what it should be. The Erie Railway (by which this place is to be reached from the East), extending through an expanse of country unexcelled in beauty and grandeur of its natural scenery, offers the use of its magnificent equipment to the members of the Institute, at about one-half the usual rate of fare, viz.: \$12.00 for the round trip. They also propose the round excursion, via Niagara Falls for \$13.00, and a great variety of excursion tickets will be offered to widely different points, thus presenting to those who may desire, the chance of a combination of *duty* and pleasure, at a reasonable expense. One may take the magnificent sleeping and hotel coaches of this route at 7 P. M. from New York, arriving at Lake View at 12:18 P. M. the next day, or the comfortable palace coaches of the 9 A. M. train (which are at that time expected to run through), reaching Lake View at 1 A. M., with the option to stop over at Watkin's Glen, or other points. The “Kent House” will offer ample accommodations, and the boating, fishing, etc., of the locality, is said to be unexcelled. We shall confidently hope for one of the largest professional gatherings ever yet seen in this country.

COMMENCEMENT OF THE NEW YORK MED. COLLEGE AND HOSPITAL FOR WOMEN.—The 14th Annual Commencement of this College took place at Steinway Hall on the evening of April 9th. Introductory remarks were made by Prof. C. S. Lozier, M. D., Col. Henry G. Steb-

bins presided and conferred the degree of M. D. upon the following named candidates: Mrs. Caroline S. Chamberlin, Mrs. Lydia A. Craft, Miss Gertrude Goewey, Miss Thamsin Janney, Miss L. Jenney Kellogg, Miss Ellen Maria Kirke, Mrs. Lucia A. G. Mravlag, Mrs. Hattie F. R. Peet, Miss Sarah N. Smith. Rev. Dr. H. M. Field delivered the address of the evening, Prof. J. A. Carmichael delivered a most scholarly valedictory on the part of the Faculty, and Mrs. Lydia A. Craft, M. D., responded on behalf of the graduating class. The report shows the condition of the College to be most prosperous, the list of matriculants for this term exceeding fifty in number, and all that is required to make the clinical advantages what they should be, is the means wherewith to erect a new *hospital* building upon the eligible site so amply sufficient and suited for this purpose. The present wards are pleasant, cheerful, and offer rare advantages to patients seeking the ablest medical and surgical care. Our colleagues will do well to bear in mind this institution, in recommending patients to hospital care.

DIED.

JOHN T. TEMPLE, M. D., at St. Louis, Mo., æt. 74.

WM. E. PAYNE, M. D., at Bath, Maine, April 9th, æt. 61.

G. D. BEEBE, M. D., at Chicago, Ill., April 11th, æt. —.

ADRIAN J. EBELL, M. D., late Professor of Physiology in the New York Homœopathic Medical College.

Medical Items and News.

SELDEN H. TALCOTT, M. D., has been appointed Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, greatly to the regret of all connected with the Homœopathic Hospital, Wards Island. We congratulate the Asylum management upon the acquisition of so valuable an officer as Dr. Talcott, and the homœopathic school for the satisfactory settlement of a vexed question which might have proved disastrous to its interests. The appointment of Dr. Talcott we are sure will meet the *unanimous* approval of the medical profession.

THE Blanchard Food Cure Company will open their rooms at 27 Union Square, on Saturday, May 5th, with an address at 3 P.M. by Dr. Virgil W. Blanchard, on "Physical Culture," in which his system of nerve and brain building and semi-digested foods will be set forth. The medical profession are especially invited.

DR. L. B. COUCH has found by experiment, that *alcohol* immediately dissolves the head and limbs of *pedicularis pubis*, and successfully uses it instead of *mercurial* ointments, tobacco infusions, etc., and suggests its use as an application to animals afflicted with fleas and other vermin of this class.

LORENZ REICH, at 178 Broadway, offers to the profession the finest quality Hungarian wines to be found any where, and approved by the *highest* medical authority. His "Tokayer Ausbruch, 1866," is exceedingly fine, and can be taken by the most delicate stomach.

COPIES of the "Transactions of the Homœopathic Medical Society of the State of New York," can be obtained in complete sets or single vol., by addressing E. S. Coburn, M. D., Treas., 91 Fourth street, Troy.

ITEMS, wants, removals, deaths, etc., of interest to the profession, as news, society and hospital proceedings, with reports of changes and progress, will be gladly received by the editors of this journal.

SUBSCRIBERS to this journal, desiring information regarding books or instruments, will receive prompt attention, and if purchases are made, the full benefit of *discount*.—Address the Editors.

WANTED.—A copy of *Jahr's Mental Diseases*. Address, stating price, Editor of HOMŒOPATHIC TIMES, 33 West 23d street, N. Y. city.

DR. ARTHUR T. HILLS has been appointed Surgeon to the 12th Regiment, N. G., S. N. Y., *vice* Dr. Bache Emmet, resigned.

DRS. L. T. WARNER and J. Ralsey White have been appointed to the Medical Board of the Homœopathic Hospital, W. I.

DR. A. W. HOLDEN has been appointed Chief of Staff at the Homœopathic Hospital, Wards Island.

DR. ALEX. BERGHAUS, M.D., has removed to 231 West 44th street.

DR. L. L. DANFORTH has removed to No. 158 West 44th street.

DR. ARTHUR T. HILLS has removed to 111 West 40th street.